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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:097400031		CITY OR TOWN	PITTSFIELD	
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	PONTOOSUC LAKE	E COUNTRY CL	UB INC.		
DOING BUSINESS	A				
ADDRESS KIRKW	OOD DR.				
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: MOX C.	XON, JEFFREY TYPE	OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISE				
	M FRAME BUILDING. N				
• •	swear under penalties of				
	ved license will be of the		=		
	see has complied with al		Q	taxes; and	
3. the premi	ises are now open for bu	siness (If not exp.	olain below)		
CICNED DV.					
SIGNED BY:	Individual, Partner or	Authorized Cor	oorate Officer		
DATE:	TELEPHONE 1	NIIMRER:	EMPLOYER	R IDENTIFICATION NUMBER:	J
	TEEE! HOIVE	CVIDER.	(Note: NOT Ind	ividual Social Security Number)	
TT (1 1 1		• (4)	1	11 61 4 204 64	
	ed, attest that we are in ed by the building inspe			ed by Chapter 304 of the	
named license and				Chapter 116 of the Acts	
of 2010.					
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE.			-		
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LICE	NSEES DURING THE	MONTH OF MARCH (M.G.L	. Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0974000	993	CITY OR TOWN PITTSFIE	LD
APPLICATION FOR RENEW	'AL: Seasonal	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: BERKSI DOING BUSINESS A ADDRESS 1789 EAST STREE		COMPLEX,INC.	
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: BRIDGES, R JAMES	TYPE OF LICENSE:Re		Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	_
DESCRIPTION OF LICENSE	D PREMISES:		
2ND FL, MEETING ROOM, 1ST	FLOOR REST, STORAGE, CON	ICESSION BAR AREA, GRANDS'	ΓAND.
I hereby certify and swear under	er penalties of perjury that:		
	will be of the same type for the	=	
	•	monwealth relating to taxes; and	
3. the premises are nov	w open for business (If not exp	lain below)	
SIGNED BY: Individu	al, Partner or Authorized Corp	orate Officer	
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Acts of 2004, signed by the b	uilding inspector and the hea	ne certificate required by Chapt d of the fire department for the urance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			
APPLICATION FOR RENEWAL MUST B	E FILED BY LICENSEES DURING THE N		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:097400128		CITY OR TOWN	PITTSFIEI	LD
APPLICATION FO	R RENEWAL:	Seasonal	Seasonal LICENSED FOR		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		IC ACKAGE & VARIE	TY		
ADDRESS 1575 W	EST HOUSATON	TIC ST			
CITY/TOWN: PIT	TSFIELD	STATE: M.	A ZIP CODE:	01201	
MANAGER: HEA M	LEY, KELLY T	TYPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREI	MISES:			
		PROX.900 SSQ. FT. D EAST SIDE OF BLDG	OUBL GLASS ENTRAN	ICE/EXIT FA	CING W.
3. the premi		rith all laws of the Co	ommonwealth relating t explain below)	o taxes; and	
SIGNED BY:	Individual, Part	ner or Authorized Co	rporate Officer		
DATE:	TELEPH	ONE NUMBER:			TION NUMBER: Security Number)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	097400152		CITY OR TO	WN PITTSFIE	LD
APPLICATION FOR	RENEWAL:	Seasonal	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 180 ONO	ΓA ST				
CITY/TOWN: PITTS	SFIELD	STATE: MA	ZIP CODE	: 01201	
MANAGER: COST. ANTH		OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	S:			
2100 SQ FT GROUND I ENTRANCE AND EXIT		NCE AND EXIT,	BASEMENT EQU	JAL SIZE WITH I	REAR
	has complied with all as are now open for bu	siness (If not expl	ain below)	ng to taxes; and	
DATE:	TELEPHONE I	NUMBER:		DYER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	97400155		CITY OR TOWN	PITTSFIEL	LD.
APPLICATION FOR F	RENEWAL:	Seasonal CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: EDOING BUSINESS AADDRESS 10 LYMAN	EAST STREET VII	DEO & VARIETY			
CITY/TOWN: PITTS		STATE: MA	ZIP CODE:	01201	
MANAGER: TURNE	ER, DONALDTYPE	OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	ER, MAIN ENTRANC	E ON VARIETY SII	same premises now	licensed;	
3. the premises	are now open for bu	siness (If not expla	in below)		
DATE:	TELEPHONE :	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:097400156		CITY OR TOWN	PITTSFIE	LD
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	DALTON AVE	VARIETY INC.			
DOING BUSINESS A	A DALTON AVI	ENUE VARIETY			
ADDRESS 71 DALT	ON AVE				
CITY/TOWN: PITT	SFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: SHAF	I,PIYUSH T	YPE OF LICENSE:Pa	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF L	ICENSED PREN		ESTAL ADDRESS		
2. the license	e has complied w	of the same type for the confor business (If not exp	nmonwealth relating t		
SIGNED BY:	Individual, Partr	ner or Authorized Corp	porate Officer		
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400163	Cl	TY OR TOWN PITTSFI	ELD
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: GRAND BUFFET DOING BUSINESS A ADDRESS 5 CHESHIRE RD	STAR, INC		
	STATE: MA	7ID CODE: 01201	
CITY/TOWN: PITTSFIELD		ZIP CODE: 01201	
MANAGER: ZHENG, YI J. TYI	PE OF LICENSE:Restau	rant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMISSINGLE STORY 148 CAPACITY RESTAU		DON'T/DEAD ENTDANCE/E	VIT
SINGLE STORT 146 CAFACITT RESTAUD			ZAII.
1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partner	the same type for the same all laws of the Common	wealth relating to taxes; an below)	d
DATE: TELEBRION	IE MUMDED.	EMPLOYER IDENTIFIC	'ATION NUMBER:
TELEPHON	IE NUMBER:	(Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head of	the fire department for t	he above
Please Check Below: APPROVED:		LOCAL LICENSING AUT By:	HORITY
DISAPPROVED: [(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	97400167		CITY OR TOW	N PITTSFIEL	LD
APPLICATION FOR R	ENEWAL:	Seasonal	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: Z DOING BUSINESS A ADDRESS 307 TYLER		AGE & VARIETY	, INC		
CITY/TOWN: PITTS	FIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: GIAN, CHRIST	TYP TOPHER C.	E OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	ES:			
SINGLE STORY VARIET REAR, TWO ENTRANCE ROOM					
2. the licensee		all laws of the Co	he same premises no mmonwealth relating plain below)		
SIGNED BY:	ndividual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400168	(CITY OR TOWN PITTSFIEL	LD
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: MRM HOSPITALIT	'Y LLC		
DOING BUSINESS A SAMEL'S DELI A	ND CATERING		
ADDRESS 115 ELM ST			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: ROLLER, GARY M. TYPE	OF LICENSE: Resta	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREMISE			umpig
SINGLE STORY RESTAURANT, FRONT/RE	AR ENTRANCES/EX	ITS. REAR PARKING WITH LIG	HTING
1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b SIGNED BY: Individual, Partner of	ne same type for the s	onwealth relating to taxes; and n below)	
DATE			
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	certificate required by Chapt of the fire department for the	er 304 of the above
Please Check Below: APPROVED:		LOCAL LICENSING AUTHO	ORITY
DISAPPROVED:		By:	
(If disapproved explain)			
		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400169		CITY OR TOWN PHI ISFIEL	שני
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: APOSTOLOS RESTA	URANT, INC		
DOING BUSINESS A PAUL'S RESTAURA	NT & PIZZA		
ADDRESS 157 SEYMOUR ST			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: PARASTATIDIS, TYPE C ELLENE A.	OF LICENSE:Rest	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTION OF LICENSED PREMISES:	:		
DINING ROOM, 2 KITCHENS, 2 ENTRANCES	AND EXITS SIDE	WALK CAFE	
I hereby certify and swear under penalties of p		. 1. 1	
1. the renewed license will be of the s	* *	•	
2. the licensee has complied with all l		•	
3. the premises are now open for busing	iness (if not explai	in below)	
CICNED DV.			
SIGNED BY: Individual, Partner or A	Authorized Corpor	rate Officer	
DATE: TELEPHONE N	UMBER:	EMPLOYER IDENTIFICAT	ION NUMBER:
		(Note: NOT Individual Social S	ecurity Number)
We the undersigned, attest that we are in pacts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010.	tor and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400177		CITY OR TOWN	PITTSFIEL	D
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 201	13
		CLASS		Ŋ	YEAR
LICENSEE NAME:	: MIGUEL A. GOME	Z AND LILIANA	C. GOMEZ		
DOING BUSINESS	S A LA FOGATA RES	TAURANT			
ADDRESS 770 TY	LER STREET				
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: GON A.	MEZ, MIGUEL TYPE	E OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
SINGLE STORY RES I hereby certify and 1. the renew 2. the licens	LICENSED PREMISE ST., MAIN ENTRANCE/E swear under penalties of the see has complied with a lises are now open for b	ES: EXIT,2 EMERGENCE of perjury that: the same type for the all laws of the Com	Y EXITS, STORAGE e same premises now monwealth relating to		
SIGNED BY:	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Acts of 2004, signe	ed, attest that we are in ed by the building insp (2) the certificate of li	ector and the hea	d of the fire departı	nent for the a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	ING AUTHO	RITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 097400179		CITY OR	TOWN	PITTSFIEL	LD.
APPLICATION F	FOR RENEWAL:	Season CLAS		LICEN	SED FOR 20	013 YEAR
	IE: S & G VARII SS A SEAN'S VA	ETY LLC	~			2 22 22
ADDRESS 01245	HOUSATONIC S	STREET				
CITY/TOWN: P	ITTSFIELD	STATE:	MA ZIP C	ODE:	01201	
MANAGER: PI	RESTON, GARY	TYPE OF LICENS	E:Package Store	CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
DESCRIPTION (OF LICENSED PR	OUR WEBSITE AND ENTER Y	(OUR EMAIL ADDRESS			
 the ren the lice 	newed license will lensee has complied	nalties of perjury that be of the same type f I with all laws of the en for business (If no	or the same prem			
SIGNED BY:	Individual, Pa	artner or Authorized	Corporate Office	er		
DATE:	TELEP	HONE NUMBER:				TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400182		CITY OR TOWN PITTSFIELD				
APPLICATION FOR RENEWAL:	Seasonal	LICENS	SED FOR 20	013		
	CLASS			YEAR		
LICENSEE NAME: PIYUSH R. SHA	AH					
DOING BUSINESS A ELM STREET	GETTY					
ADDRESS 155 ELM STREET						
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE:	01201			
MANAGER: SHAH, PIYUSH R. T	YPE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:						
	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS				
DESCRIPTION OF LICENSED PREM						
SINGLE STORY RETAIL AREA APPRO TWO EMERGENCY REAR EXITS.	X. 610 S/F W/ BACK ST	ORAGE ROOM, MAI	N ENTRANCI	E/EXIT,		
the licensee has complied w 3. the premises are now open f SIGNED BY: Individual, Parts		ain below)	o taxes; and			
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)		
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:		By:				
DISAPPROVED: (If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 097400185		CITY	OR TOWN	PITTSFIEL	LD.		
APPLICATION FOI	R RENEWAL:	Seasor	nal	LICEN	SED FOR 20	013		
		CLAS	SS			YEAR		
LICENSEE NAME:	BARRINGTON S	TAGE COMPA	ANY INC					
DOING BUSINESS	A							
ADDRESS 30 UNIO	ON STREET							
CITY/TOWN: PIT	TSFIELD	STATE:	MA Z	IP CODE:	01201			
MANAGER: WIL	SON, TRISTANTY	PE OF LICENS	SE:General o premise	n CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:								
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
DESCRIPTION OF								
THEATER LOBBY W				O UNION ST.				
I hereby certify and s	red license will be of			nremises now	licensed:			
	ee has complied with			=				
	ses are now open for			_				
SIGNED BY:	Individual, Partne	r or Authorized	. Corporate O	Officer				
DATE:	TELEPHON	NE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:				
			(Note: <u>NO</u>			OT Individual Social Security Number)		
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and th	e head of th	e fire departı	ment for the	above		
Please Check Below:			LO	CAL LICENS	ING AUTHO	ORITY		
APPROVED:			By:	By:				
DISAPPROVED:								
(If disapproved expla	aiii <i>)</i>							
DATE:								



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	097400188		CI	TY OR TOWN	PITTSFIEL	LD.		
APPLICATION FOR	RENEWAL:	Seaso	nal	LICE	NSED FOR 20	013		
		CLA	SS			YEAR		
LICENSEE NAME:	KRUNAL CORPOR	RATION						
DOING BUSINESS A	KIRK'S VARIETY	& HOBBY	STORE					
ADDRESS 784 TYLE	ER STREET							
CITY/TOWN: PITTS	SFIELD	STATE:	MA	ZIP CODE:	01201			
MANAGER: DIPAR	X SEAN TYPI	E OF LICEN	SE:Packag	e Store C	CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:								
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
DESCRIPTION OF LA	ICENSED PREMISI	ES:						
2. the licensee	vear under penalties of the dicense will be of the has complied with a ser are now open for b	ne same type all laws of the	for the san e Common	wealth relating				
SIGNED BY:	Individual, Partner o	or Authorized	l Corporate	e Officer				
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)			OCAL LICEN	SING AUTHO	ORITY		
DATE:			-					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:097400195		CITY OR TO	WN PITTSFIE	LD
APPLICATION FO	R RENEWAL:	Seasonal	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 36A Lin		1 , 2			
CITY/TOWN: PIT	TSFIELD	STATE: M	A ZIP CODE	E: 01201	
MANAGER: WIL	SON, TRISTANTY		General on premise	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
2. the licens	n street level. Main flo	or has 5 rooms, inclusion of perjury that: the same type for a all laws of the Co	the same premises	now licensed;	
SIGNED BY:	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA I Individual Social	
Acts of 2004, signe	d, attest that we are d by the building in (2) the certificate of	spector and the h	ead of the fire de	partment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LIC By:	ENSING AUTH	IORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097	400197		C	II Y OK TOV	VN PITTSFIE	LD	
APPLICATION FOR REM	NEWAL:	Season	al	LIC	ENSED FOR 2	013	
		CLAS	S			YEAR	
LICENSEE NAME: BUI	RRITO GRANDE	E,LLC.					
DOING BUSINESS A HO	OT HARRY'S FR	ESH BURR	ITOS				
ADDRESS 37 NORTH ST	ГREET						
CITY/TOWN: PITTSFIE	ELD	STATE:	MA	ZIP CODE	: 01201		
MANAGER: ABDALLA R	AH,SAMI TYPE	OF LICENS	SE:Restau	ırant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:							
PLEASE	E ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAI	ADDRESS			
DESCRIPTION OF LICE							
1 FLOOR, DINING ROOM, ENTRANCE WITH EXITS/I						ELIVERY	
I hereby certify and swear	under penalties of	f perjury that	:				
1. the renewed lic	ense will be of the	e same type f	or the sa	me premises i	now licensed;		
2. the licensee has	s complied with al	l laws of the	Commo	wealth relati	ng to taxes; and		
3. the premises ar	e now open for bu	isiness (If no	t explain	below)			
SIGNED BY:							
Ind	ividual, Partner or	Authorized	Corporat	e Officer			
DATE:	TELEPHONE	NUMBER:		EMPLOYER IDENTIFICATION NUMBER:			
				(Note: NOT Individual Social Security Number)			
We the undersigned, atto Acts of 2004, signed by t named license and (2) th of 2010.	the building inspe	ector and th	e head o	f the fire dep	artment for the	e above	
Please Check Below:				LOCAL LICI	ENSING AUTH	ORITY	
APPROVED:				Ву:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 097400202		CITY OR TOWN PITTSFIE	LD
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2	013 YEAR
LICENSEE NAME: EFFENDIS,LLC DOING BUSINESS A ADDRESS 1206 NORTH STREET			
CITY/TOWN: PITTSFIELD	STATE: MA	ZIP CODE: 01201	
MANAGER: RICHARD, JOSEPH TYL A.	PE OF LICENSE: Rest	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
A RESTAURANT WITH ONE DINING ROLLEFT OF THE BUILDING.		IN FRONT WITH EXITS/EGRE	ESSES ON
 the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY:	all laws of the Comme	onwealth relating to taxes; and	
Individual, Partner	r or Authorized Corpor	rate Officer	
D. Letter			
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	97400204		(CITY OR TOW	N PITTSFIE	LD
APPLICATION FOR R	ENEWAL:	Seaso	nal	LICE	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: W	OHRLE'S FOO	DS INC.				
DOING BUSINESS A						
ADDRESS 1619 EAST	STREET					
CITY/TOWN: PITTSF	TELD	STATE:	MA	ZIP CODE:	01201	
MANAGER: KESSLE	ER, LYNN TY	PE OF LICEN	SE:Packa	ige Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF LIC 5200 S.F. RETAIL BUILD I hereby certify and swea 1. the renewed I 2. the licensee h 3. the premises	ING WITH FROM ar under penaltic icense will be on has complied with	ISES: NT MAIN ENTE es of perjury that f the same type th all laws of th	RANCE Alat: for the sa	ND REAR EXIT	ow licensed;	
SIGNED BY:	ndividual, Partne	er or Authorized	d Corpora	te Officer		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICE. By:	NSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 097400205		CITY OR TOWN	PITTSFIEI	LD			
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013			
		CLASS			YEAR			
CLASS YEAR CICENSEE NAME: MRM HOSPITALITY LLC DOING BUSINESS A ADDRESS 105 WAHCONAH ST CITY/TOWN: PITTSFIELD MANAGER: ROLLER, GARY M. TYPE OF LICENSE:Restaurant CATEGORY: Wine and Malt Regular CATEGORY: Wine and Mal								
DOING BUSINESS	Α							
ADDRESS 105 WA	HCONAH ST							
CITY/TOWN: PIT	TSFIELD	STATE: MA	ZIP CODE:	01201				
MANAGER: ROL	LER, GARY M. TYP	'E OF LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular			
EMAIL ADDRESS:								
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS								
DESCRIPTION OF	LICENSED PREMIS	SES:						
			ANCE AND EXITS					
I hereby certify and	swear under penalties	of perjury that:						
1. the renew	ved license will be of	the same type for the	e same premises now	licensed;				
2. the licens	see has complied with	all laws of the Com	monwealth relating t	o taxes; and				
3. the premi	ises are now open for	business (If not expl	ain below)					
SIGNED BY:								
	Individual, Partner	or Authorized Corp	orate Officer					
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:					
		(Note		ote: NOT Individual Social Security Number)				
Acts of 2004, signe		spector and the hea	d of the fire depart	ment for the	above			
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY			
APPROVED:			By:					
DISAPPROVED: [-					
(If disapproved expl	ain)							
D. 1 (TE)								
DATE:								



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:097400207		CITY OR TOWN	PITTSFIEI	LD.
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	YASHITA LLC				
DOING BUSINESS A	A AROMA BAR &	GRILL			
ADDRESS 5 CHESH	TRE ROAD				
CITY/TOWN: PITT	SFIELD	STATE: MA	ZIP CODE:	01201	
MANAGER: CHAI BARI	HAL, TYF NDER KAUR	PE OF LICENSE:Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L					
108 SEAT DINING RO			SEATING 20		
I hereby certify and sv	_			1 1.	
		the same type for the	=		
		all laws of the Com		to taxes; and	
5. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
			_		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 097400208		CITY OR TOWN PITTSFIELD				
APPLICATION I	FOR RENEWAL:	Seasonal	Seasonal LICENSED FOR 2				
		CLASS		YEAR			
LICENSEE NAM	ME: DESIDERAT	A PACKAGED GOOD	OS, LLC				
DOING BUSINE	ESS A WHEELER	'S VARIETY					
ADDRESS 1654	NORTH ST						
CITY/TOWN: I	PITTSFIELD	STATE: MA	ZIP CODE:	01201			
	ABICH, REGORY	TYPE OF LICENSE:	Package Store C.	ATEGORY: All Alcohol			
EMAIL ADDRES	SS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS				
DESCRIPTION (OF LICENSED PR	REMISES:					
ONE FLOOR WIT	H CELLAR FOR ST	ORAGE. FRONT AND S	IDE ENTRANCES/EXI	ΓS AND GARAGE			
I hereby certify an	nd swear under per	nalties of perjury that:					
1. the rer	newed license will	be of the same type for t	the same premises now	licensed;			
2. the lic	ensee has complied	d with all laws of the Co	mmonwealth relating t	o taxes; and			
3. the pre	emises are now ope	en for business (If not ex	xplain below)				
SIGNED BY:							
SIGNED B1.	Individual, Pa	artner or Authorized Co	rporate Officer				
DATE:	TEI EE	HONE NUMBER:	EMPLOYEI	R IDENTIFICATION NUMBER:			
	TEEET	HONE NOWIDER.		lividual Social Security Number)			
Please Check Below:	 1			SING AUTHORITY			
APPROVED:			By:				
DISAPPROVED (If disapproved ex							
(II disappioved e.	Apiaiii)						
DATE:							